

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3558 FORM C/OH COVER SHEET PG 1

— The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME		TITLE FIRST MI JUDGE Bill NICKNAME LAST SUFFIX ALESHIRE		OFFICE-USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1205 Summit St. Austin, TX 78741			
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI Sim NICKNAME LAST SUFFIX Moreno		Receipt # HD / PM Amount Date Processed	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1205 Summit St. Austin, TX 78741			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 444 7668			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 1 / 1 / 97    6 / 30 / 97			
10 ELECTION		ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE		OFFICE HELD (If any) County Judge		12 OFFICE SOUGHT (If known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box, Apt. / Suite #, City, State, Zip Code			
<input type="checkbox"/> additional pages					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Bill Aleshire

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

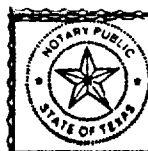
\$ 707.69

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



JOSIE Z. ZAVALA  
Notary Public, State of Texas  
My Commission Expires  
DEC. 13, 2001

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Bill Aleshire*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Aleshire this the 15th day of July

19 97, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Bars)	
4 Date  1/11/97	5 Payee name A.T. & T. wireless 6 Payee address: City: State: Zip Code 8620 Burnet Rd #122 Austin TX 78757 7 Purpose of expenditure mobile phone	8 Amount (\$)  91.20  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date  2/11/97	Payee name A.T. & T. wireless Payee address: City: State: Zip Code 8620 Burnet Rd #122 Austin TX 78757 Purpose of expenditure mobile phone	Amount (\$)  119.84  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date  3/12/97	Payee name A.T. & T. wireless Payee address: City: State: Zip Code 8620 Burnet Rd #122 Austin TX 78757 Purpose of expenditure mobile phone	Amount (\$)  96.33  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date  4/11/97	Payee name A.T. & T. wireless Payee address: City: State: Zip Code 8620 Burnet Rd #122 Austin TX 78757 Purpose of expenditure mobile phone	Amount (\$)  161.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Date  5/11/97	Payee name A.T. & T. Payee address: City: State: Zip Code 8620 Burnet Rd #122 Austin TX 78757 Purpose of expenditure mobile phone	Amount (\$)  239.26  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H****1** The INSTRUCTION GUIDE explains how to complete this form.**1** Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)**4** Date**5** Business name**7**Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment**9** -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

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